

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

ADDRESS (number and street)

300 E BREVARD STREET

☐Check if different
than previously
reported. (ACC)

TALLAHASSEE

FL

32301

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00349639

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DAVID MURRELL

Signature of Treasurer

Electronically Filed by DAVID MURRELL

Date

01

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 11

Write or Type Committee Name

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		42857.45
(b) Cash on Hand at Beginning of Reporting Period	61552.49	
(c) Total Receipts (from Line 19)	14321.90	40616.94
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75874.39	83474.39
7. Total Disbursements (from Line 31)	26000.00	33600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49874.39	49874.39
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 11

Write or Type Committee Name

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14321.90	40616.94
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14321.90	40616.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14321.90	40616.94
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14321.90	40616.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14321.90	40616.94

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	25000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	6000.00	8600.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26000.00	33600.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	33600.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 11

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14321.90	40616.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14321.90	40616.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

A.

Full Name (Last, First, Middle Initial)

RECEIPTS UNITEMIZED

Mailing Address 300 EAST BREVARD ST

City

TALLAHASSEE

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAW ENFORCEMENT OFC

Occupation

LAW ENFORCEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40616.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	9	

Transaction ID: SA11AI.4242

Amount of Each Receipt this Period

14321.90

MEMBERSHIP DUES

SUBTOTAL of Receipts This Page (optional)

14321.90

TOTAL This Period (last page this line number only)

14321.90

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

District: 11

08 / 17 / 2009

5000.00

District: 00

08 / 12 / 2009

10000.00

District: 22

5000.00

20000.00

20000.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

A. Full Name (Last, First, Middle Initial) DON GAETZ	Transaction ID: SB29.4222 Date of Disbursement																				
Mailing Address 24 Bluewater Point	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	9												
City NICEVILLE State FL Zip Code 32578	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name DON GAETZ	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
B. Full Name (Last, First, Middle Initial) MIKE HARIDOPOLIS	Transaction ID: SB29.4227 Date of Disbursement																				
Mailing Address Post Office Box 33326	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	9												
City INDIALANTIC State FL Zip Code 32903	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name MIKE HARIDOPOLIS	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
C. Full Name (Last, First, Middle Initial) JOE NEGRON	Transaction ID: SB29.4206 Date of Disbursement																				
Mailing Address PO BOX 1816	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	0	9												
City STUART State FL Zip Code 34995	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name JOE NEGRON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:																					

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

A.

Full Name (Last, First, Middle Initial)

JOE NEGRON

Mailing Address PO BOX 1816

City
STUARTState
FLZip Code
34995

Purpose of Disbursement

CONTRIBUTION

Candidate Name
JOE NEGRON

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District:

Transaction ID: SB29.4224

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

STEVE OELRICH

Mailing Address 5200 NW 43rd Street STE 102-146

City
GAINESVILLEState
FLZip Code
32606

Purpose of Disbursement

CONTRIBUTION

Candidate Name
STEVE OELRICH

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.4220

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CURTIS RICHARDSON

Mailing Address 533 Tuskegee Street

City
TALLAHASSEEState
FLZip Code
32305

Purpose of Disbursement

CONTRIBUTION

Candidate Name
CURTIS RICHARDSON

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.4216

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

A.	Full Name (Last, First, Middle Initial) ROB SCHENCK <hr/> Mailing Address 2096 GOLD ROAD <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>SPRING HILL</td> <td>FL</td> <td>34609</td> </tr> </table> <table> <tr> <td>Purpose of Disbursement</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>CONTRIBUTION</td> </tr> <tr> <td colspan="2">Candidate Name ROB SCHENCK</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td colspan="2">State: FL District: 44</td> </tr> </table>	City	State	Zip Code	SPRING HILL	FL	34609	Purpose of Disbursement	<div>011</div> Category/ Type	CONTRIBUTION	Candidate Name ROB SCHENCK		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: FL District: 44		Transaction ID: SB29.4204 Date of Disbursement <div>07</div> / <div>16</div> / <div>2009</div> <hr/> Amount of Each Disbursement this Period <div>500.00</div>
City	State	Zip Code															
SPRING HILL	FL	34609															
Purpose of Disbursement	<div>011</div> Category/ Type																
CONTRIBUTION																	
Candidate Name ROB SCHENCK																	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State: FL District: 44																	
B.	Full Name (Last, First, Middle Initial) JOHN THRASHER <hr/> Mailing Address 109 Premiere Vista Way <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>ST AUGUSTINE</td> <td>FL</td> <td>32080</td> </tr> </table> <table> <tr> <td>Purpose of Disbursement</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>CONTRIBUTION</td> </tr> <tr> <td colspan="2">Candidate Name JOHN THRASHER</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td colspan="2">State: District:</td> </tr> </table>	City	State	Zip Code	ST AUGUSTINE	FL	32080	Purpose of Disbursement	<div>011</div> Category/ Type	CONTRIBUTION	Candidate Name JOHN THRASHER		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		Transaction ID: SB29.4212 Date of Disbursement <div>08</div> / <div>20</div> / <div>2009</div> <hr/> Amount of Each Disbursement this Period <div>500.00</div>
City	State	Zip Code															
ST AUGUSTINE	FL	32080															
Purpose of Disbursement	<div>011</div> Category/ Type																
CONTRIBUTION																	
Candidate Name JOHN THRASHER																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State: District:																	
C.	Full Name (Last, First, Middle Initial) WILL WEATHERFORD <hr/> Mailing Address Post Office Box 7339 <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WESLEY CHAPEL</td> <td>FL</td> <td>33545</td> </tr> </table> <table> <tr> <td>Purpose of Disbursement</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>CONTRIBUTION</td> </tr> <tr> <td colspan="2">Candidate Name WILL WEATHERFORD</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td colspan="2">State: District:</td> </tr> </table>	City	State	Zip Code	WESLEY CHAPEL	FL	33545	Purpose of Disbursement	<div>011</div> Category/ Type	CONTRIBUTION	Candidate Name WILL WEATHERFORD		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		Transaction ID: SB29.4225 Date of Disbursement <div>09</div> / <div>15</div> / <div>2009</div> <hr/> Amount of Each Disbursement this Period <div>500.00</div>
City	State	Zip Code															
WESLEY CHAPEL	FL	33545															
Purpose of Disbursement	<div>011</div> Category/ Type																
CONTRIBUTION																	
Candidate Name WILL WEATHERFORD																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State: District:																	

SUBTOTAL of Disbursements This Page (optional)**1500.00****TOTAL** This Period (last page this line number only)**6000.00**